

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN7506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/25/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHSIDE HEALTH CARE NURSING AND RE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>202 EAST MTCS ROAD</b> <b>MURFREESBORO, TN 37130</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments  A Life Safety revisit survey was conducted on 02/25/2020 for the previous deficiencies cited on 01/08/2020. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.	{N 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 000	Initial Comments  Stories: 1 Construction Type: NFPA, III (200); IBC, III unprotected (SBC V unprotected with 1 hour fire rated ceiling per drawings) Plans available on site Constructed: 1996 Sprinklered: Yes Certified beds: 68  A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities on 01/06/2020. During this Life Safety Survey, Northside Health Care Nursing and Rehabilitation Center was found not in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).  The requirements at 1200-080-06, Standards for Nursing Homes is NOT MET as evidenced by:	N 000		
N 831 SS=D	1200-8-6-.08 (1) Building Standards  (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.  This Rule is not met as evidenced by: Based on observation, the facility failed to maintain the physical plant and overall environment.	N 831	N831 1. Corrective action(s) accomplished for those residents found to have been affected by the alleged deficient practice:  A. Maintenance Supervisor removed the extension cord and replaced it with proper wiring on 1/31/2020.  2. Identify other residents who have the potential to be affected by the same alleged deficient practice and what corrective action taken:	

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STATE FORM

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If continuation sheet 1 of 2

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N 831	<p>Continued From page 1</p> <p>The findings included:</p> <p>Observation 01/06/2020 at 11:33 AM, revealed a extension cord used to power a boiler in the main boiler room. NFPA 101, 19.5.1.1 (2012 Edition) NFPA 101, 9.1.2 (2012 Edition NFPA 70, 590.3 (2011 Edition)</p> <p>The Maintenance Director was present when these deficiencies were identified and the Administrator acknowledged these deficiencies during the exit conference on 01/06/2020.</p>	N 831	<p>A. 100% audit was conducted by the Maintenance Supervisor on 1/6/2020 to ensure there were no modified extension cords on any equipment.</p> <p>3. Measure/systematic changes put in place to ensure that the deficient practice does not reoccur:</p> <p>A. Maintenance Supervisor in-serviced by Administrator on 1/6/2020 regarding follow up and review of contractor work prior to finalization of work.</p> <p>4. Monitoring of corrective action to ensure the deficient practice will not reoccur:</p> <p>A. The Maintenance Supervisor will audit the facility daily for 1 week, weekly for 3 weeks and monthly for 3 months to ensure there are no modified extension cords in use and report findings to the QAPI committee monthly.</p> <p>Completion Date: 2/22/2020</p>	2/22/2020